

Hawaii Employer-Union Health Benefits Trust Fund	NOTIFICATION OF INELIGIBILITY FOR COBRA PREMIUM ASSISTANCE	P.O. Box 2121 Honolulu Hawaii 96805		
PERSONAL INFORMATION				
Name and mailing address of employee (list any dependents on the next page)		Telephone Number		
		E-mail address (optional)		
PREMIUM REDUCTION INELIGIBILITY INFORMATION - Check one				
I am eligible for coverage under another group health plan. If any dependents are also eligible, include their names below.		Enter the date you became eligible:		
Enter the group health plan name: _____				
If you are eligible for coverage under another group health plan and that plan covers dependents, you must also list their names here.				
I am eligible for Medicare.			Enter the date you became eligible:	
IMPORTANT				
<p>The American Recovery and Reinvestment Act of 2009 limits the period of premium assistance available to involuntarily terminated employees.</p> <ol style="list-style-type: none"> 1 Up to nine months maximum 2 When you become eligible to enroll in another group health plan 3 When you become eligible for Medicare benefits 4 For high income individuals, premium assistance is not available <div style="margin-left: 150px;"> If you have a modified adjusted income exceeding \$125,000 If you file a joint return, a modified adjusted income exceeding \$250,000 </div> <p>Failure to report your ineligibility timely may result in excess reimbursements. Any ineligible payments can be treated as an underpayment of your payroll taxes and may be assessed and collected in the same manner as payroll taxes in accordance with Subchapter B of Chapter 65 of the Internal Revenue Code of 1986, SEC. 6432. COBRA PREMIUM ASSISTANCE.</p> <p>If you fail to notify the EUTF when you become eligible for other group health plan coverage or Medicare AND continue to pay reduced COBRA premiums, you could be subject to a fine of 110% of the amount of the premium reduction (Subchapter B of Chapter 65 of the Internal Revenue Code of 1986, SEC. 6720C.)</p>				
To the best of my knowledge and belief all of the answers I have provided on this form are true and correct.				
Signature: _____ Date: _____				
Type or print your name: _____				